

	Last Name	First Name	License	STREET ADDRESS/ZIP	CITY	COUNTY	STP? (Y/N)	Psychiatrist	Psychologist	LPC, LMSW-ACP, LMFT,	LCDC	Other Qualified Credentialed Counselor	ADULT	ADOL	CHILD	MH	CD	Languages Spoken	Slots, Caseload Capacity	Accepting New Enrollees? (Y/N)	
PROVIDERS ADDED																					Date Added
Put X in applicable columns, unless Y/N, # is specified																					
PROVIDERS DELETED																					Date Deleted
Put X in applicable columns, unless Y/N, # is specified																					
Deletions require an explanation																					
PROVIDERS NO LONGER ACCEPTING NORTHSTAR ENROLLEES																					Date No Longer Accepting
Put X in applicable columns, unless Y/N, # is specified																					
All entries require an explanation																					